# Epidemiology *and* Laboratory Capacity (ELC) *for* Infectious Diseases Cooperative Agreement

*Preventing Infectious Disease Threats by Strengthening U.S. Health Departments*

## CDC's National Funding Strategy Strengthens Capacity to Respond to Domestic Infectious Disease Threats

As Americans are increasingly affected by infections emerging anywhere in the world, finding and stopping emergent infectious diseases is essential to protecting public health and saving lives. The Epidemiology and Laboratory Capacity (ELC) for Infectious Diseases Cooperative Agreement is CDC's national funding strategy for combatting domestic infectious disease threats. This crucial CDC investment helps fund epidemiologists, support surveillance systems, modernize laboratory facilities, and develop integrated, nimble information networks at local and state levels. Two primary classes of ELC funding include:


**I. Flexible, non-specific funding** tackles high-priority needs that are NOT disease-specific. Funding in this category addresses cross-cutting activities related to epidemiology, laboratory, and health information systems. Resources are awarded so grantees can:

### Strengthen Epidemiological Capacity:

- Ensure health departments are well-equipped with staff, surveillance systems and other tools to identify, characterize, and provide rapid, effective, and flexible response to infectious disease problems.
- Develop, execute, and evaluate public health interventions to promote early detection methods to facilitate timely implementation of control measures and minimize transmission of infectious diseases.
- Support a variety of epidemiological activities.

### Enhance Laboratory Capacity:

- Develop modern and well-equipped public health laboratories, with well-trained staff, employing high quality laboratory processes and systems that foster communication and appropriate integration between laboratory and epidemiology functions.
- Support a variety of laboratory activities

### Improve Health Information: Systems:

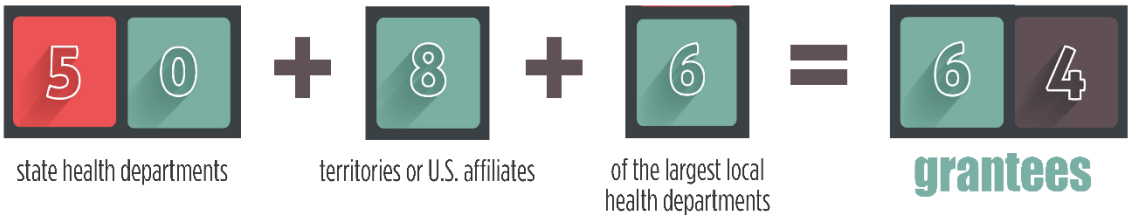
- Develop and enhance health information systems infrastructure in public health agencies, including laboratories, focusing on standards-based electronic data exchange, information systems interoperability, and enhancing and sustaining integrated surveillance information systems.
- Enhance the electronic exchange of data between public health agencies and clinical care entities, focusing on electronic laboratory reporting (ELR) and electronic case reporting (eCR)
- Increase informatics/IT capacity in public health agencies through staff, contracts, and training.

**II. Disease-specific, categorical funding** targets specific infectious diseases and other public health threats of importance. Examples include:

- Antimicrobial-resistant bacteria
- Waterborne diseases
- Arboviral diseases (Zika, West Nile, dengue fever, chikungunya virus)
- Healthcare-associated infections
- Fungal (mycotic) diseases
- Tickborne diseases (Lyme , Rocky Mountain spotted fever , tularemia)
- Foodborne diseases and illnesses
- Parasitic diseases
- Prion diseases
- Influenza (Flu)

# By the Numbers

Since 1995, ELC has grown from assisting eight grantees with $2 million dollars to providing $90-240 million annually (2011 – 2016) to all 50 state health departments, six of the nation's largest local health departments (Chicago, the District of Columbia, Houston, Los Angeles County, New York City and Philadelphia), and eight territories or U.S. affiliates, including U.S. Virgin Islands, Puerto Rico and Guam. In fact, the award distributed in August 2016 is the largest amount dispersed since the ELC Cooperative Agreement started.




State, local, and territorial public health agencies each have unique needs and priorities because of the diverse infectious disease challenges they face, their organizational capacity, geography, and populations. Often, there are unanticipated events that may require the diversion of resources to a specific emerging or re-emerging disease. Communities across the nation benefit from the actions taken by public health departments to detect, respond, prevent, and control known and emerging (or re-emerging) infectious diseases.

## Quotes from ELC Grantees

"The Virgin Islands Department of Health is extremely appreciative of the [ELC] funding that we received and it has had an immediate impact both in terms of surveillance and responding to this outbreak. The funding in the last year has been very beneficial for improving our public health services and providing rapid diagnosis for those persons and families that may be concerned that they have contracted Zika." **~ United States Virgin Islands**

..."This work [rapidly quarantining a piece of medical equipment known to cause outbreaks of CRE] would not be possible without the funding we received from the ELC. It funds our state public health laboratory and epidemiologists and nurses on the Healthcare Associated Infections and Antimicrobial Resistance Team." **~ Tennessee**

Past experience with [West Nile Virus, dengue, chikungunya] outbreaks have helped us at the state and local level prepare for and respond to the Zika outbreak. This is in a large part due to the funding provided through the ELC. We're now able to better conduct mosquito and human case surveillance, do laboratory testing, and provide community education thanks to this ELC funding." **~ Arizona**

"The ELC has given us the opportunity to expand courier services. Using that funding, we've been able to address outbreaks in rural communities in a timely fashion." **~ Utah**